

15-077-20821-0000

STATE OF KANSAS - CORPORATION COMMISSION
 PRODUCTION TEST & GOR REPORT

Form C-5 Revised

Conservation Division

TYPE TEST:	Initial	Annual	Workover	Reclassification	TEST DATE:	
Company:	GRAVES DRILLING CO., INC.			Lease:	HELEN #1	Well No.:
County:	Harper	Location:	S/2 S/2 S/2	Section	Township	Range Acres
				4-32S-9W		140
Field:	Spivey Grabs (NON PRORATED)		Reservoir:	Mississippian	Pipeline Connection	TRIDENT/NCRA
Completion Date:	8-13-82	Type Completion (Describe):	Single		Plug Back T.D.	Packer Set At NONE
Production Method:	Pumping: X		Gas Lift:	Oil & Water	API Gravity	of Liquid/Oil 25.1
Casing Size	5 1/2	Weight	15 1/2	I.D.	Set At 4366'	Perforations 4312' TO 4332'
Tubing Size	2 1/2"	Weight		I.D.	Set At	Perforations To

Pretest:						Duration hrs.
Starting Date:	5-8-95	Time:	8:00 a	Ending Date:	5-9-95	Time: 8:00 a
						24
Test:						Duration hrs.
Starting Date:	5-9-95	Time:	8:00 a	Ending Date:	5-10-95	Time: 8:00 a
						24

OIL PRODUCTION OBSERVED DATA

Producing Wellhead Pressure			Separator Pressure			Choke Size		
Casing:	Tubing:							
Bbls./In.	Tank size	Starting number	Gauge Feet	Gauge Inches	Ending Feet	Gauge Inches	Net Pro ds. Bbls.	
			Barrels		Barrels		Water	Oil
Pretest:	200	126229	6	10	136.23	6 10 1/2	137.05	80 0.82
Test:	200	126229	6	10 1/2	137.05	6 11	137.88	80 0.83
Test:								

GAS PRODUCTION OBSERVED DATA

Orifice Meter Connections		Orifice Meter Range						
Pipe Taps:	Flange Taps:	Differential:			Static Pressure:			
Measuring Device	Run-Prover-Tester size	Orifice Size	Meter-Prover In. Water	Tester Pressure In. Merc.	Psig or (Pd)	Diff. Press. (hw) or (hd)	Gravity Gas (Gg)	Flowing Temp. (t)
Orifice Meter		5/8"					0.662	
Critical Flow Prover								
Orifice Well Tester								

GAS FLOW RATE CALCULATIONS (R)

Coeff. MCFD (Fb)(Fp)(OWTC)	Meter-Prover Press. (Psia)(Pm)	Extension ' / hw x Pm	Gravity Factor (Fg)	Flowing Temp. Factor (Ft)	Deviation Factor (Fpv)	Chart Factor (Fd)

Gas Prod. MCFD	Oil Prod.	Gas/Oil Ratio	Cubic Ft.
Flow Rate (R): 17	Bbls./Day: .83	(GOR) - 20,481	per Bbl.

The undersigned authority, on behalf of the company, states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct. Executed this 10th day of May, 1995

For Offset Operator Kansas Graves Drilling Co., Inc. *Mark A. Studebaker* Form C-5 (5/88)